

State of Rhode Island and Providence Plantations
Department of State - Business Services Division**FILED**

Annual Report for the year: 2019

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

JUL 01 2019

BY

11436-08

STAMP

FOR

1. Entity ID Number 000027033		2. Exact name of the Corporation Faith Lutheran Brethren Church DBA Faith Chapel			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious Church			
4. NAICS Code 813110 - Religious Organizati					
6. Principal Office Address 43 Scituate Ave			City Cranston	State RI	Zip 02921
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
President Name Carl D. Ekelund			Vice-President Name Bruce Carlson		
Street Address 150 Potter St			Street Address 9 Myrtle Ave		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Dolores Mackenzie			Treasurer Name Cynthia Mackenzie		
Street Address 8 Central St			Street Address 8 Central St		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment: <input type="checkbox"/>					
Director Name Julie Sandin			Director Name Thomas Bauman		
Street Address 41 Crossway Rd			Street Address 4066 Post Rd, Apt 9		
City Cranston	State RI	Zip 02910	City Warwick	State RI	Zip 02886
Director Name Peter Panicucci			Director Name Earl Sandin		
Street Address 50 Horta Dr			Street Address 51 King St		
City West Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02886
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Cynthia Mackenzie				Date 06/27/2019	
Signature of Officer/Authorized Representative <i>Cynthia Mackenzie</i>				SIGN DOCUMENT HERE	